

COMMONWEALTH OF KENTUCKY - INSURANCE NOTICE OF LOSS
(FORM MAY BE DUPLICATED; HOWEVER, PLEASE DO NOT ALTER FORM IN ANY WAY)

Instructions: For ALL LOSSES, complete sections 1, 2, & 3
For **Auto losses** – Also complete section 4 & 5
Forward to: Division of State Risk

Certificate # _____
Property ID # _____
Policy # _____

(1) **CABINET** _____ **DEPARTMENT** _____

Insured Address: _____ **DIVISION** _____

Reported By: _____ **Date:** _____ **Phone #** _____

(2) Insured Property or Liability Losses Only: Loss Type

() F & T () Crime () Aircraft () Inland Marine () Fidelity/Bond () Boiler & Machinery, Location: _____
() Commercial General Liability () Auto () Professional Liability, Civil Action Number: _____ () Other: _____

(3) Date of Loss _____ Time of Day _____ Probable Amount of Loss: \$ _____

Location of Loss _____

Description/Cause of Loss _____

Description of Property Damage _____

Where is the Property Now? _____ Estimate Amt. \$ _____

Investigated by: (Police, Fire, etc.) _____ Report # _____

(4) Bodily Injury or Property Damage – use additional sheet(s) as necessary

Name (Claimant/owner) _____ Home Phone # _____

Address: _____ City _____ State _____ Zip Code _____ Work Phone # _____

Social Security # _____ Occupation _____ Employer _____

Witnesses _____ Phone # _____ Medical Attention? Yes _____ No _____

Description of Injury _____

(5) Auto Losses Only – use additional sheet(s) as necessary

Policy # _____

Is the vehicle owned by your state agency? Yes _____ No _____ Or leased from D.O.T? Yes _____ No _____

State Vehicle

Claimant Vehicle

Year _____ Make _____

Year _____ Make _____ Model _____

Model _____ Tag # _____

VIN _____

Vehicle Class _____ VIN _____

Vehicle Driver _____

State Driver _____

Vehicle Owner _____

Passengers _____

Passengers _____

Our driver's statement attached? Yes _____ No _____, but will follow.

INSURANCE CONTACT: _____ **DATE:** _____ **PHONE #:** _____